



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$199417491
Outpatient Patient Service Revenue	\$254995748
Total Gross Patient Service Revenue	\$454413239

2. Deductions From Revenue

Contractual Allowance	\$199392380
Other Deductions	\$13987047
Total Deductions	\$213379427

3. Total Operating Revenue

Net Patient Service Revenue	\$241033812
Other Operating Revenue	\$6571905
Total Operating Revenue	\$247605717

4. Operating Expenses

Salaries and Wages	\$75764081	Employee Benefits	\$26636641
Depreciation and Amortization	\$19279277	Interest Expense	\$2364415
Bad Debt	\$14559326	Other Expenses	\$103214722
Total Operating Expenses	\$241818462		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5787255	Total Assets	\$345782576
Net Non-operating Gains over Loss	\$5281657	Total Liabilities	\$94992795
Total Net Gains	\$11068912		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$210418136	\$138129666	\$72288470
Medicaid	\$53911408	\$22265799	\$31645609
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$190083691	\$52983958	\$137099733
Total	\$454413235	\$213379423	\$241033812

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$330713	\$-330713

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$700	\$0	\$700

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$302106	\$734222	\$-432116
Hospital Patients	\$113455	\$269182	\$-155727
Community Education	\$0	\$428640	\$-428640

Number of Medical Professionals Trained	231
Number of Hospital Patients Educated	1117
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$15357291
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7323892	
HCI Payments	\$0		
Subtotal	\$0	\$7323892	\$-7323892
Medicaid Shortfalls	\$11902674	\$23792297	
Subtotal	\$11902674	\$31116189	\$-19213515
DSH Payments	\$3,862,040		
Subtotal	\$15764714	\$31116189	\$-15351475
Medicare Shortfalls	\$70761465	\$99279019	
Other Government Programs	\$0	\$0	
Total	\$86526179	\$130395208	\$-43869029

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1173979	\$-1173979
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$242260	\$-242260
Other Allocations	\$0	\$0	\$0